



Summer Adult Softball 2015 Team Registration

City of Beavercreek
Department of Parks, Recreation & Culture
789 Orchard Lane, Beavercreek, OH 45434
www.beavercreekohio.gov
937-427-5514



REGISTRATION: In person or by mail with payment of cash or check. Check should be made payable to *The City of Beavercreek*. Over the phone or on the internet with payment of credit card. A 6.5% convenience fee will be assessed with all credit card payments.

REGISTRATION DEADLINES:

For the same league in 2014.....December 17, 2014 - January 9, 2015
For waiting list to change leagues from 2014.....January 11 - January 16, 2015
First come, first serve, all remaining spaces.....January 18 - April 3, 2015

LEAGUES:

Day	Time	Category	Day	Time	Category
Monday	6:00pm	Men's D	Wednesday	7:10pm	Co-Ed
Monday	7:10pm	Men's D	Thursday	6:00pm	Co-Ed
Monday *	8:20/9:30pm	Men's D	Thursday	7:10pm	Men's Church
Tuesday	6:00pm	Co-Ed	Thursday *	8:20/9:30pm	Men's D
Tuesday	7:10pm	Co-Ed	Friday	6:00pm	Men's D
Tuesday *	8:20/9:30pm	Men's D	Friday	7:10pm	Men's D
Wednesday	6:00pm	Co-Ed			

* = plays under the lights

ROSTER: All players must be 18 years of age or older.

FEES: League fees are due at the time of registration. League fees include USSSA sanctioning.

\$480 per team, per league

\$495 under the lights (8:20/9:30 leagues)

\$455 each additional league with the same team name and same roster

\$100 deposit will hold a spot in a league, with balance due by February 20, 2015

Letter of intent will be accepted for those teams with a sponsor.

Teams that are being sponsored by a company may submit a letter of intent to reserve a spot in their desired league. This letter must be on the company's letterhead, with the following information listed: intended league (including night, time and category), manager's name, address and phone number and league fee. Full payment will be due 1 month prior to start of league.

SEASON: Week of April 20 - July 24; and July 27 due to Memorial Day (14 week season)

RAIN MAKE-UPS: DURING THE WEEKS OF JULY 27, AUGUST 3 & 10. Saturday & Sunday, August 15 & 16, 2015 as needed

MANAGERS MEETING: Wednesday, April 8, 2015 at 6:30pm at C.I. Beaver Hall, 3696 Highmont Street, Beavercreek

TEAM NAME _____ DAY: M T W TH FRI
MANAGER'S NAME _____ TIME: 6:00 7:10 8:20/9:30
MANAGER'S ADDRESS _____ CITY _____ ZIP _____
MANAGER'S TELEPHONE (D) _____ (E) _____ EMAIL _____

- () NEW TEAM
() RETURNING TEAM - SAME LEAGUE AS LAST YEAR
() RETURNING TEAM - DIFFERENT LEAGUE FROM LAST YEAR

Receipt _____
Amount _____ Date _____
Office Use Only Revised 12/14